

MEDI-CAL HEALTH CARE PROGRAM UPDATE

March 17, 2004



INTERCOUNTY TRANSFERS (ICTs)

In the role of Receiving County, as well as that of Sending County, it is important that staff ensure that ICTs be processed as quickly as possible. This includes the requirement to coordinate termination and approval dates with the other county.

A participant's ability to access necessary health care can be negatively impacted when the ICT has not been properly and quickly processed. An important component of this process is to ensure that MEDS correctly reflects the ICT. When Los Angeles is the Receiving County, it is not enough to approve a case on LEADER. Staff must ensure that MEDS also reflects the new status. When Los Angeles is the Sending County, an EW 12 changing the beneficiary's address and "res county" on MEDS must be completed as soon as possible.

Administrative Directive 4449, dated 8/4/03.



WHEN A DAPD PACKET IS NOT REQUIRED

An individual applying for disability-based Medi-Cal is not required to complete a DAPD packet if that person provides verification that he/she has been approved for Social Security disability benefits in the past and that those benefits are still being received. The regulations regarding this are found in Title 22, Section 50167.

PUBLISHED BY:
The Los Angeles County
Department of Public Social Services
Bureau of Special Operations

PROVIDING INFORMATION



While it is important that staff answer questions and correctly provide information regarding Medi-Cal eligibility, we must also be mindful that

we are not medical professionals and are not qualified to make medical determinations.

For example, staff may not tell a pregnant woman that a particular service, such as treatment for diabetes or a heart problem, is not pregnancy-related and therefore not covered. The physician makes that determination.

Staff may also not tell someone applying on the basis of disability that the application will be denied because the disability is not severe enough. The Disability and Adult Programs Division (DAPD) and/or the Social Security Administration makes that determination.

We are Medi-Cal eligibility specialists, not medical professionals.

Average Private Pay Rate (APPR)

The 2004 APPR for persons in long-term care is \$4,477.

A+D FPL Deductions Effective April 2004

Individual	\$230
Spouse Couple	\$358

2004 FEDERAL POVERTY LEVELS (FPLs)

The 2004 FPLs are now in LEADER and are effective April 2004. These new rates affect Medi-Cal eligibility calculations for QMB, SLMB, QDWI, and percentage cases. Any overrides which were "kicked out" as a result of this action must be reviewed and, if necessary, reauthorized in LEADER.